

**SCHOOL NAME**  
**INDIVIDUAL VOCATIONAL EDUCATION PLAN**

**STUDENT NAME** \_\_\_\_\_

**Gender** \_\_\_\_\_ **Ethnicity** \_\_\_\_\_

**Course Name** \_\_\_\_\_ **CTE Instructor** \_\_\_\_\_

**CAREER GOAL**

**Strengths:** \_\_\_\_\_ **Weaknesses:** \_\_\_\_\_  
 \_\_\_\_\_

**IVEP Designation** (*circle one*):

Disabled      LEP      Economically Disadvantage      Academically Disadvantage      Single Parent

**Special Services:**    Circle **N** if needed; Circle **P** for provided:    *In blank columns insert date to begin services and name of person to provide services*

N	P			Tutoring/Peer Assistance	N	P			Fees/materials supplied
N	P			Special Eqmt/Eqmt Modification	N	P			Preferential Seating
N	P			Additional Counseling	N	P			Teaching Assistant
N	P			Support Services (Speech, Therapist, psychologist, social worker, ESL, nurse, support group, etc.	N	P			Adapt coursework, evaluation methods, materials NO services required; student performing satisfactorily
									Other:

( ) **Student is successfully completing competencies and currently requires no additional services.**

( ) **Recommended to continue** (*If services did not work*).

( ) **OTHER** (*Describe*)

**COMMENTS:**